

State: District of Columbia **Filing Company:** United Heritage Life Insurance Company
TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.002 Short Term
Product Name: RGCSTD(08-2009)RATES
Project Name/Number: /

Filing at a Glance

Company: United Heritage Life Insurance Company
 Product Name: RGCSTD(08-2009)RATES
 State: District of Columbia
 TOI: H11G Group Health - Disability Income
 Sub-TOI: H11G.002 Short Term
 Filing Type: Rate
 Date Submitted: 08/22/2013
 SERFF Tr Num: HERT-129160421
 SERFF Status: Assigned
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 Co Tr Num: RGCSTD(08-2009)RATES
 Implementation
 Date Requested:
 Author(s): Deanne Schildan
 Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
 Disposition Date:
 Disposition Status:
 Implementation Date:
 State Filing Description:

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TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.002 Short Term
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General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: Group Market Size: Small and Large
Group Market Type: Employer Overall Rate Impact:
Filing Status Changed: 08/22/2013
State Status Changed: Deemer Date:
Created By: Deanne Schildan Submitted By: Deanne Schildan
Corresponding Filing Tracking Number:

Filing Description:
August 21, 2013

United Heritage Life Insurance Company
NAIC 63983

District of Columbia
Rates and Forms Filing

Ladies and Gentlemen:

United Heritage is submitting this initial rate filing as required concurrently with Form Filing SERFF # HERT-129028697 for our Group Short Term Disability Certificate, RGCSTD(08-2009)DC.

There are currently no DC Policyholders. Once the initial Form Filing and Rate Filing are approved, the product will be marketed to small and large Employer-Employee groups by licensed agents appointed by United Heritage Life Insurance Company.

The Actuarial Memorandum and Rating Manual are attached to the Rate/Rule Schedule Tab.

Thank you for your time and consideration,

Deanne Schildan
Group Administrator/Forms Analyst

Company and Contact

Filing Contact Information

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Meridian, ID 83680 208-475-1070 [FAX]

State: District of Columbia

Filing Company: United Heritage Life Insurance Company

TOI/Sub-TOI: H11G Group Health - Disability Income/H11G.002 Short Term

Product Name: RCGSTD(08-2009)RATES

Project Name/Number: /

Filing Company Information

United Heritage Life Insurance
Company
PO BOX 7777
Meridian, ID 83680-7777
(208) 475-0981 ext. [Phone]

CoCode: 63983
Group Code: 2878
Group Name:
FEIN Number: 82-0123320

State of Domicile: Idaho
Company Type:
State ID Number:

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	United Heritage Life Insurance Company
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.002 Short Term		
Product Name:	RGCTSTRD(08-2009)RATES		
Project Name/Number:	/		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rating Materials	RGCTSTRD(08-2009)DC	New		United Heritage - STD Actuarial Memorandum.pdf, United Heritage - STD Filing Manual.pdf,

United Heritage Life Insurance Company

Actuarial Memorandum Short Term Disability Policy Form: RGP(08-2009)

Scope and Purpose of Filing

The following information is being provided for a new filing. Acting in the capacity of reinsurer, the Hartford Life and Accident Insurance Company has assisted United Heritage Life Insurance Company in the development of a group fully insured short term disability insurance product. This Actuarial Memorandum represents the certification of the premium rates for the proposed plan.

Benefit Overview

Weekly benefits are paid based on a flat rate or as a percentage (e.g.60%) of weekly salary. Plans may contain maximum and minimum benefit amounts. Benefit payments require satisfaction of an elimination period for both accident and sickness and benefit periods range from 8 to 104 weeks. Both the elimination period and benefit duration are selected by the employer. Benefit options include first day of hospitalization, residual benefits, 24 hour coverage, and different limitations for pre-existing conditions.

The following plan design is considered standard:

- Maximum Benefit Duration – 26 weeks
- Elimination Period – 7 days for both accident and sickness

Example of available options:

- Benefit Duration – 8, 13, 20, 39, 52, 78, 104 weeks
- Elimination Period – 1, 13, 14, 30, 60 days
- First Day Hospitalization
- Residual Benefits

Maternity is covered the same as any other illness.

For a more complete description of benefits provided under this policy form, please refer to the contract.

Marketing Method

This product will be sold to employer groups through a regional group sales force.

Net Premiums

The STD rates have been created based on the expected incidence and duration of disability and the expected level of all applicable offsets. The rates were derived using various data sources, including the following: Hartford Life and Accident's experience, economic data, national statistics and competitor information. The incidence rates and duration levels take into account differences in age, sex, benefit percentage, and maximum weekly benefit.

Loads and discount factors are applied to the net premium to adjust for all aspects of the chosen plan design that cause our net liability to change. These factors vary by the day that benefits commence, benefit duration, residual benefit option, industry, collar color, occupational/non-occupational coverage, area, contributory status, benefit richness, pre-existing condition limitations, employer occupational coverage, retention, size of group, additional state requirements, trend, rate guarantee periods, par case status, and collateral line discounts.

Gross Premiums

Gross Premiums are calculated by dividing the net premiums by the permissible loss ratio. The anticipated loss ratio of 65% for groups with over 50 lives is developed as follows:

Commissions	12.50%
Premium Tax	2.5%
Profit	5.0%
Other Retention	15.00%
Total Retention	35.00%

Permissible Loss Ratio 65.0%

In addition, the anticipated permissible loss ratio for groups with under 50 lives is 60%.

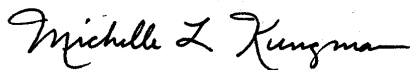
Premium rates for plans and benefits not specifically shown in this memo or accompanying rate manual shall be determined by methods which are consistent with the premium rates shown in the rate manual.

Experience

Some groups will have insured experience that is at least partially credible. The rates for these groups may be adjusted when appropriate to reflect actual experience and in-force rates.

Actuarial Certification

I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of this State and with the rules of the Department of Insurance, and complies with Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, December 2005, and that the benefits provided are reasonable in relation to the proposed premiums. I believe that the benefits are reasonable in relation to the proposed premium and that the rates are not excessive, inadequate, or unfairly discriminatory.



Michelle Kunzman, FSA, MAAA
AVP and Actuary
Hartford Life and Accident Insurance Company

08/20/2013

Date

**UNITED HERITAGE LIFE
INSURANCE COMPANY**

Policy Form Number: RGP(08-2009)

**GROUP SHORT TERM DISABILITY INSURANCE
RATING MANUAL**

United Heritage
Life Insurance Company
Fully Insured Group STD Insurance

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INPUT ITEMS

Flat Benefit (Y / N): _____

Benefit Percent (BP): _____

Weekly Minimum Benefit (Min.B.): _____

Weekly Maximum or Flat Benefit (Max.B.): _____

Day Benefits Commence (Accident): _____

Day Benefits Commence (Sickness): _____

Benefit Duration in Weeks: _____

First Day Hospitalization Benefit Option (Y / N): _____

(If First Day Hospital = Y) - With Outpatient Surgery (Y / N): _____

Benefits Commence Option (Y / N): _____

24 Hour Coverage Option (Y / N): _____

SIC Code (First 4 digits): _____

Collar Color Factor: _____

Situs State of Employer: _____

Pre-Existing Conditions Option (Y / N): _____

(If Pre-Ex Conditions Option = Y) Pre-Ex Type (E=Exclusion or L=Limitation): _____

(If Pre-Ex Conditions Option = Y) Months Treatment Free: _____

(If Pre-Ex Conditions Option = Y) Months Insured For: _____

Contributory Plan (Y / N): _____

Participation (K=known, E=estimated): _____

Percent Participation: _____

Rate Guarantee Period (1, 2, or 3 yrs): _____

Rate Format (C=composite, A=age/sex*): _____

Rate Basis (A=per ee per month, B=per \$10 weekly benefit,
C=per \$100 covered salary): _____

Employer Without Occupational Coverage (Y / N): _____

Additional State Requirements (Y / N): _____

Par Case (Y / N): _____

Family Medical Leave Coverage (Y / N): _____

Collateral Lines of Life and/or LTD (Y / N): _____

Offset Salary Continuation / Sick Leave (Y / N): _____

Offset Current Weekly Earnings (Y / N): _____

* Note: Only where allowed by state statutes

Rate Calculation

When salary information by individual is available, apply the following procedure on an individual basis and sum all individual rates together to arrive at the group rate. If only group salary information is available, then apply the following procedure on a group basis.

The rate calculation can be summarized as follows: Steps A, B, and C are used to derive Daily Benefits per Person for males, females (non-maternity), and females (maternity). Steps D, E, and F are used to derive Step G (Plan Design & First Day Hospitalization Adjusted Prime Rates). In Step H, the Number of Employees and Daily Benefit per Person of Steps A, B, and C are combined with the Adjusted Prime Rates of Step G to derive the Unadjusted Annual Premium by age and sex. The Step H total is adjusted by the applicable adjustment factors of Steps I thru X to arrive at the Adjusted Manual Premium of Step Y. Step Y is adjusted by the applicable adjustment factors of Steps Z thru AF to derive Step AG (The Adjusted Annual Premium). Step AH sums the Adjusted Annual Premium for males, females (non-maternity), and females (maternity) to arrive at the Total Adjusted Annual Premium.

A. Employee Census Information for MALES

Age Band	(a) Number of Males	(b) Total Annual Salary	(c) Weekly Salary per Person	(d) Weekly Benefit per Person	(e) Daily Benefit per Person
			$(b) / ((a) \times 52)$	<i>If not Flat Ben. then if $[(c) \times BP] < \text{Min.B.}$, then Min.B., else if $[(c) \times BP] < \text{Max.B.}$, then $(c) \times BP$, else Max.B.</i>	$(d) / 7$
<25					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
>64					
TOTAL					

B. Employee Census Information for FEMALES, NON-MATERNITY

Age Band	(a) Number of Females	(b) Total Annual Salary	(c) Weekly Salary per Person	(d) Weekly Benefit per Person	(e) Daily Benefit per Person
			$(b) / ((a) \times 52)$	<i>If not Flat Ben. then if $[(c) \times BP] < \text{Min.B.}$, then Min.B., else if $[(c) \times BP] < \text{Max.B.}$, then $(c) \times BP$, else Max.B</i>	$(d) / 7$
<25					
25-29					
30-34					
35-39					
40-44					
45-49					
50-54					
55-59					
60-64					
>64					
TOTAL					

C. Employee Census Information for FEMALES, MATERNITY

Age Band	(a) Number of Females	(b) Total Annual Salary	(c) Weekly Salary per Person	(d) Weekly Benefit per Person	(e) Daily Benefit per Person
			$(b) / ((a) \times 52)$	<i>If not Flat Ben. then if $[(c) \times BP] < \text{Min.B.}$, then Min.B., else if $[(c) \times BP] < \text{Max.B.}$, then $(c) \times BP$, else Max.B</i>	$(d) / 7$
<25					
25-29					
30-34					
35-39					
40-44					
45-49					
TOTAL					

D. Prime Rates (annual rates)

Age Band	Males	Females Non-Maternity	Females Maternity
<25	1.989	1.727	6.287
25-29	1.701	1.817	5.856
30-34	2.031	3.025	4.221
35-39	2.125	3.713	1.966
40-44	2.780	4.227	0.345
45-49	3.204	5.009	0.049
50-54	4.262	5.570	0.000
55-59	5.337	6.082	0.000
60-64	6.535	6.465	0.000
>64	7.188	7.112	0.000

E. Plan Design Adjustment (applicable to all age bands):

(see Table I)

Males	Females Non-Maternity	Females Maternity

F. First Day Hospitalization Adjustment (applicable to all age bands):

(see Table II)

Males	Females Non-Maternity	Females Maternity

G. Plan Design & First Day Hospitalization Adjusted Prime Rates

([{prime rate by age band} x {plan design adjustment}] + [first day hospitalization adjustment])

Age Band	Males	Females Non-Maternity	Females Maternity
	(D x E) + F	(D x E) + F	(D x E) + F
<25			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			0.000
55-59			0.000
60-64			0.000
>64			0.000

H. Unadjusted Annual Premium

For all age bands: ([number of employees] x [average daily benefit] x [PD&FDH adjusted prime rates])

Age Band	Males	Females Non-Maternity	Females Maternity
	A(a) x A(e) x G	B(a) x B(e) x G	C(a) x C(e) x G
<25			
25-29			
30-34			
35-39			
40-44			
45-49			
50-54			0.000
55-59			0.000
60-64			0.000
>64			0.000
TOTAL			

STD Adjustment Worksheet

	Males	Females Non-Maternity	Females Maternity
I. Benefits Commence Option Adjustment: (if Benefits Commence Option = Y, then 1.040, else 1.000)			
J. Industry Adjustment: (see Table III, column A for Male and Female Non-Maternity; see Table III, column B for Female Maternity)			
K. Collar Color Adjustment: (see Table IV; Note: Female Maternity = 1.000)			1.000
L. 24 Hour Coverage Option Adjustment: (if 24 Hour Coverage = Y, then see Table III, column C, else 1.000)			
M. Area Adjustment: (see Table XI, column A for Male and Female Non-Maternity; see Table XI, column B for Female Maternity)			
N. Participation Adjustment: (See Table XII)			
O. Benefit Richness Adjustment: (see Table V)			
P. Family Medical Leave Adjustment: (if Family Medical Leave Adjustment = Y, then 1.010, else 1.000)			
Q. Pre-Existing Condition Option Adjustment: (if Pre-Existing Condition = Y, then see Table VI, else 1.000)			
R. Employer w/o Occupational Coverage Adjustment: (if Employer w/o Occupational Coverage = Y, then 1.050, else 1.000)			
S. Offset for Salary Continuation / Sick Leave Adjustment: (if Offset Sal. Con. / Sick Leave = Y, then 1.00, else 1.05)			
T. Current Weekly Earnings Adjustment: (if Offset Curr. Wkly. Earns. = Y, then 1.00, else 1.05 for males & females non-mat., 1.00 for females mat.)			
U. Retention Adjustment: (see Table VII)			
V. Size of Group Adjustment: (see Table VIII)			
W. Additional State Requirements Adjustment: (The adjustment varies depending on state requirements, if any.)			
X. Trend Adjustment: (if Rate Basis = A <u>AND</u> (if Rate Guarantee Period = 2 years, then 1.025, if Rate Guarantee Period = 3 years, then 1.050, else 1.000))			
Y. Adjusted Manual Premium $H(\text{Total}) \times I \times J \times K \times L \times M \times N \times O \times P \times Q \times R \times S \times T \times U \times V \times W \times X$			
Z. Rate Guarantee Period Adjustment: (if Rate Guarantee Period = 3 years, then 1.10, if Rate Guarantee Period = 2 years, then 1.050, else 1.000)			
AA. Partial or Residual (if Definition of Disability = Partial, then 1.0, if Definition of Disability = Residual, then 1.04, if Definition of Disability = Neither Partial nor Residual, then 0.95)			
AB. Par Case Adjustment: (if Par Case = Y, then 1.050, else 1.000)			
AC. Multi-Line Discount Adjustment: (if Collateral Line(s) = Y, then 0.950, else 1.000)			
AD. Economic / Experience Factor (EEF): (EEF = 1.000)			

AE. Unanticipated Risk Adjustment: <i>(see Table IX)</i>			
AF. FICA Rate Match: <i>(see Table X)</i>			
AG. Adjusted Annual Premium $Y \times Z \times AA \times AB \times AC \times AD \times AE \times AF$			
AH. Total Adjusted Annual Premium $AG(males) + AG(females\ non-maternity) + AG(females\ maternity)$			

Table I**Plan Design Adjustment Table**

Plan Design:			Male & Female Non-Maternity	Female Maternity
Day Benefits Commence		Benefit Duration		
Accident	Sickness			
1	1	8	0.766	0.800
1	1	13	1.007	1.051
1	1	20	1.239	1.206
1	1	26	1.426	1.354
1	1	39	1.779	1.539
1	1	52	1.968	1.556
1	1	78	2.166	1.571
1	1	104	2.382	1.587
1	4	8	0.695	0.745
1	4	13	0.914	0.980
1	4	20	1.142	1.115
1	4	26	1.315	1.246
1	4	39	1.667	1.369
1	4	52	1.849	1.414
1	4	78	2.126	1.428
1	4	104	2.339	1.443
1	8	8	0.639	0.529
1	8	13	0.842	0.733
1	8	20	1.038	0.877
1	8	26	1.188	1.050
1	8	39	1.508	1.229
1	8	52	1.690	1.239
1	8	78	1.941	1.251
1	8	104	2.133	1.264
1	15	8	0.545	0.462
1	15	13	0.750	0.635
1	15	20	0.923	0.820
1	15	26	1.071	0.964
1	15	39	1.398	1.066
1	15	52	1.558	1.161
1	15	78	1.790	1.173
1	15	104	1.968	1.184
1	30	8	0.426	0.424
1	30	13	0.586	0.582
1	30	20	0.730	0.718
1	30	26	0.849	0.857
1	30	39	1.109	0.949
1	30	52	1.233	1.032
1	30	78	1.417	1.042
1	30	104	1.563	1.052
1	60	8	0.284	0.130
1	60	13	0.394	0.136
1	60	20	0.498	0.166
1	60	26	0.581	0.198
1	60	39	0.759	0.263
1	60	52	0.844	0.283
1	60	78	0.970	0.417
1	60	104	1.066	0.421

(NOTE: For "Day Benefits Commence" and "Benefit Duration" not listed in the table, linearly interpolate between the two nearest enclosing values.)

Table I (Cont.)

Plan Design Adjustment Table

Plan Design:			Male & Female Non-Maternity	Female Maternity
Day Benefits Commence		Benefit Duration		
Accident	Sickness			
4	4	8	0.679	0.742
4	4	13	0.915	1.000
4	4	20	1.121	1.113
4	4	26	1.291	1.245
4	4	39	1.645	1.360
4	4	52	1.818	1.431
4	4	78	2.091	1.445
4	4	104	2.300	1.460
4	8	8	0.655	0.529
4	8	13	0.877	0.733
4	8	20	1.057	0.877
4	8	26	1.207	1.050
4	8	39	1.474	1.229
4	8	52	1.695	1.239
4	8	78	1.945	1.251
4	8	104	2.137	1.264
4	15	8	0.570	0.462
4	15	13	0.764	0.635
4	15	20	0.931	0.820
4	15	26	1.061	0.964
4	15	39	1.308	1.066
4	15	52	1.484	1.161
4	15	78	1.706	1.173
4	15	104	1.877	1.184
4	30	8	0.444	0.424
4	30	13	0.595	0.582
4	30	20	0.732	0.718
4	30	26	0.836	0.857
4	30	39	1.030	0.949
4	30	52	1.168	1.032
4	30	78	1.343	1.042
4	30	104	1.479	1.052
4	60	8	0.269	0.130
4	60	13	0.377	0.136
4	60	20	0.477	0.166
4	60	26	0.560	0.198
4	60	39	0.731	0.263
4	60	52	0.813	0.283
4	60	78	0.934	0.417
4	60	104	1.027	0.421
8	8	8	0.472	0.529
8	8	13	0.642	0.733
8	8	20	0.863	0.877
8	8	26	1.050	1.050
8	8	39	1.346	1.229
8	8	52	1.515	1.239
8	8	78	1.743	1.251
8	8	104	1.917	1.264

(NOTE: For "Day Benefits Commence" and "Benefit Duration" not listed in the table, linearly interpolate between the two nearest enclosing values.)

Table I (Cont.)

Plan Design Adjustment Table

Plan Design:			Male & Female Non-Maternity	Female Maternity
Day Benefits Commence		Benefit Duration		
Accident	Sickness			
8	15	8	0.425	0.462
8	15	13	0.583	0.635
8	15	20	0.789	0.820
8	15	26	0.974	0.964
8	15	39	1.215	1.066
8	15	52	1.434	1.161
8	15	78	1.649	1.173
8	15	104	1.814	1.184
8	30	8	0.326	0.424
8	30	13	0.447	0.582
8	30	20	0.615	0.718
8	30	26	0.762	0.857
8	30	39	0.952	0.949
8	30	52	1.122	1.032
8	30	78	1.292	1.042
8	30	104	1.422	1.052
8	60	8	0.256	0.130
8	60	13	0.361	0.136
8	60	20	0.460	0.166
8	60	26	0.540	0.198
8	60	39	0.705	0.263
8	60	52	0.784	0.283
8	60	78	0.901	0.417
8	60	104	0.991	0.421
15	15	8	0.454	0.462
15	15	13	0.629	0.635
15	15	20	0.797	0.820
15	15	26	0.946	0.964
15	15	39	1.223	1.066
15	15	52	1.360	1.161
15	15	78	1.565	1.173
15	15	104	1.722	1.184
15	30	8	0.423	0.424
15	30	13	0.583	0.582
15	30	20	0.736	0.718
15	30	26	0.864	0.857
15	30	39	1.105	0.949
15	30	52	1.230	1.032
15	30	78	1.414	1.042
15	30	104	1.554	1.052
15	60	8	0.242	0.130
15	60	13	0.343	0.136
15	60	20	0.440	0.166
15	60	26	0.517	0.198
15	60	39	0.674	0.263
15	60	52	0.750	0.283
15	60	78	0.862	0.417
15	60	104	0.948	0.421

(NOTE: For "Day Benefits Commence" and "Benefit Duration" not listed in the table, linearly interpolate between the two nearest enclosing values.)

Table I (Cont.)

Plan Design Adjustment Table

Plan Design:			Male & Female Non-Maternity	Female Maternity
Day Benefits Commence		Benefit Duration		
Accident	Sickness			
30	30	8	0.302	0.424
30	30	13	0.405	0.582
30	30	20	0.474	0.718
30	30	26	0.536	0.857
30	30	39	0.662	0.949
30	30	52	0.742	1.032
30	30	78	0.862	1.042
30	30	104	0.950	1.052
30	60	8	0.217	0.130
30	60	13	0.312	0.136
30	60	20	0.403	0.166
30	60	26	0.474	0.198
30	60	39	0.620	0.263
30	60	52	0.688	0.283
30	60	78	0.791	0.417
30	60	104	0.870	0.421
60	60	8	0.241	0.130
60	60	13	0.334	0.180
60	60	20	0.414	0.223
60	60	26	0.477	0.257
60	60	39	0.622	0.336
60	60	52	0.692	0.373
60	60	78	0.776	0.419
60	60	104	0.839	0.452

(NOTE: For "Day Benefits Commence" and "Benefit Duration"
not listed in the table, linearly interpolate
between the two nearest enclosing values.)

Table II

First Day Hospitalization Adjustment

(NOTE: If First Day Hospitalization Benefit Option is not chosen, the adjustment is equal to 0.)

From the tables below, select the appropriate rate based on the days on which the benefits would normally commence under the base plan. To determine the rate for males and females (non-maternity), add the accident and sickness together.

The rate for females (maternity) is the sickness portion only.

First Day Hospitalization without Outpatient Surgery Adjustment (Annual rates)

Base Plan		
Day Benefits Commence	Accident	Sickness
1	0.000	0.000
4	0.042	0.122
8	0.076	0.227
15	0.118	0.361
31	0.193	0.576
61	0.273	0.907

First Day Hospitalization with Outpatient Surgery Adjustment (Annual rates)

Base Plan		
Day Benefits Commence	Accident	Sickness
1	0.000	0.000
4	0.084	0.244
8	0.151	0.454
15	0.235	0.722
31	0.386	1.151
61	0.546	1.814

For example, for the first day hospitalization with outpatient surgery, if accident and sickness benefits would normally commence on days 15 and 31, respectively, under the base plan, then add 0.235 and 1.151 together to equal 1.386 for the males' & females' (non-maternity) first day hospitalization with outpatient surgery adjustment. For females (maternity), the adjustment would be only the sickness portion, 1.151.

(NOTE: For "Day Benefits Commence" not listed in the table, linearly interpolate between the two nearest enclosing values.)

Table III**Industry Adjustment Table**

1987 SIC Codes			(A)	(B)	(C)
Ranges			Non- Matern. Male/ Female	Matern. Factors	24 Hour Loads
AGRICULTURE					
111	291	Agricultural - Crops and Livestock	1.30	1.00	1.35
711	724	Agricultural - Crop Services	1.05	1.00	1.30
741	742	Veterinary Services	0.99	1.00	1.30
751	752	Miscellaneous Animal Services	1.19	1.00	1.30
761	783	Farm Labor and Management Services and Landscaping	1.05	1.00	1.30
811	851	Forestry	1.19	1.00	1.35
912	971	Fishing, Hunting & Trapping	1.24	1.00	1.35
MINING					
1011	1241	Mining	1.22	1.00	1.35
1311	1389	Oil & Gas Extraction	0.94	1.00	1.35
1411	1499	Mining (cont.)	1.17	1.00	1.35
CONSTRUCTION					
1521	1542	Building Contractors	0.83	1.00	1.40
1611	1629	Heavy Construction	1.04	1.00	1.45
1711	1794	Special Trade Contractors	1.06	1.00	1.45
1795	1795	Wrecking	1.11	1.00	1.45
1796	1799	Special Trade Contractors (cont.)	0.96	1.00	1.45
MANUFACTURING					
2011	2099	Food and Kindred Products	0.84	1.00	1.30
2111	2141	Tobacco Products	1.11	1.00	1.30
2211	2299	Textile Mill Products	0.97	1.00	1.30
2311	2399	Apparel	0.97	1.00	1.30
2411	2421	Logging and Saw Mills	1.08	1.00	1.30
2426	2429	Other Mills	0.90	1.00	1.30
2431	2499	Miscellaneous Wood Products	0.86	1.00	1.30
2511	2599	Furniture & Fixtures	0.85	1.00	1.30
2611	2679	Miscellaneous Paper Products	1.19	1.00	1.30
2711	2796	Printing, Publishing and Allied Industries	0.93	1.00	1.20
2812	2824	Chemicals and Allied Products	1.26	1.00	1.30
2833	2836	Drugs	0.89	1.00	1.30
2841	2869	Chemicals and Allied Products (cont.)	1.26	1.00	1.30
2873	2891	Agricultural Chemicals	1.44	1.00	1.30
2892	2892	Explosives	1.44	1.00	1.30
2893	2899	Chemicals and Allied Products (cont.)	1.26	1.00	1.30
2911	2999	Petroleum Refining & Related Industries	1.11	1.00	1.30
3011	3089	Rubber/Plastics	1.16	1.00	1.30
3111	3111	Leather Tanning and Finishing	1.23	1.00	1.30
3131	3199	Miscellaneous Leather Products	1.13	1.00	1.30
3211	3291	Stone, Clay & Glass	1.13	1.00	1.30
3292	3292	Asbestos	1.28	1.00	1.30
3295	3299	Stone, Clay & Glass (cont.)	1.13	1.00	1.30

Table III (Cont.)

Industry Adjustment Table

1987 SIC Codes			(A)	(B)	(C)
Ranges			Non- Matern. Male/ Female	Matern. Factors	24 Hour Loads
3312	3399	Steel Works, Foundries & Smelting	1.44	1.00	1.30
3411	3499	General Fabricated Metal Products	1.26	1.00	1.30
3511	3519	Engines and Turbines	0.99	1.00	1.30
3523	3599	Industrial & Commercial Machinery & Computer Equip.	1.09	1.00	1.30
3612	3699	Electrical & Electronic Machinery	0.87	1.00	1.30
3711	3751	Transportation Equipment	1.03	1.00	1.30
3761	3769	Guided Missiles & Space Units	1.23	1.00	1.30
3792	3799	Transportation Equipment (cont.)	1.03	1.00	1.30
3812	3873	Assorted Equipment	0.93	1.00	1.30
3911	3999	Misc. Manufacturing Industries	0.98	1.00	1.30
TRANSPORTATION & COMMUNICATION					
4011	4013	Railroads	1.14	1.00	1.45
4111	4121	Local and Suburban Passenger Transportation	1.37	1.00	1.45
4131	4142	Intercity and Rural Bus Transportation	1.14	1.00	1.45
4151	4173	Local and Suburban Passenger Transportation (cont.)	1.37	1.00	1.45
4212	4231	Trucking/Warehousing	1.19	1.00	1.70
4311	4311	US Postal Service	1.01	1.00	1.70
4412	4499	Water Transportation	1.14	1.00	1.70
4512	4581	Transportation by Air	1.14	1.00	1.45
4612	4619	Pipe Lines	1.14	1.00	1.45
4724	4731	Arrangement of Transportation Services	1.00	1.00	1.25
4741	4789	Miscellaneous Transportation Services	1.00	1.00	1.25
4812	4899	Communications	0.77	1.00	1.25
4911	4941	Electric and Gas Services and Water Supply	0.89	1.00	1.25
4952	4959	Sanitary Services	1.06	1.00	1.45
4961	4971	Miscellaneous Sanitary Services	1.07	1.00	1.45
WHOLESALE TRADE					
5012	5015	Motor Vehicles, Parts & Supplies	0.72	1.00	1.25
5021	5049	Wholesale Trade	0.72	1.00	1.25
5051	5052	Metals and Minerals, except Petroleum	0.72	1.00	1.25
5063	5088	Wholesale Trade (cont.)	0.72	1.00	1.25
5091	5092	Miscellaneous Wholesale Trade- Durable Goods	0.72	1.00	1.25
5093	5093	Scrap/Waste Materials	0.94	1.00	1.25
5094	5149	Wholesale Trade (cont.)	0.96	1.00	1.25
5153	5159	Farm Product Raw Materials	0.72	1.00	1.25
5162	5169	Chemicals and Allied Products	0.72	1.00	1.25
5171	5172	Petroleum	0.72	1.00	1.25
5181	5182	Alcoholic Beverages	0.81	1.00	1.25
5191	5199	Wholesale Trade (cont.)	0.72	1.00	1.30
RETAIL TRADE					
5211	5270	Building Materials, Hardware and Garden Supplies	0.70	1.00	1.30
5271	5271	Mobile Home Dealers	0.75	1.00	1.30

Table III (Cont.)

Industry Adjustment Table

1987 SIC Codes			(A)	(B)	(C)
Ranges			Non- Matern. Male/ Female	Matern. Factors	24 Hour Loads
5311	5399	Retail Trade	0.80	1.00	1.20
5411	5499	Food Stores	0.80	1.00	1.35
5511	5511	Motor Vehicle Dealers- New and Used	0.89	1.00	1.20
5521	5521	Motor Vehicle Dealers- Used Only	1.03	1.00	1.20
5531	5531	Auto and Home Supply Stores	0.84	1.00	1.20
5541	5541	Gas Stations	1.03	1.00	1.20
5551	5599	Miscellaneous Transportation Dealers	0.89	1.00	1.20
5611	5699	Apparel and Accessories	0.80	1.00	1.10
5712	5736	Furniture & Equipment Stores	0.70	1.00	1.15
5812	5813	Eating and Drinking Places	0.97	1.00	1.20
5912	5912	Retail Trade (cont.)	0.80	1.00	1.20
5921	5921	Liquor Stores	1.03	1.00	1.20
5932	5932	Used Merchandise Stores	1.03	1.00	1.20
5941	5949	Retail Trade (cont.)	0.80	1.00	1.20
5961	5961	Catalogue and Mail Order	0.75	1.00	1.20
5962	5962	Automatic Merchandising	1.08	1.00	1.20
5963	5963	Direct Selling Establishments	0.89	1.00	1.20
5983	5989	Fuel Dealers	0.74	1.00	1.20
5992	5992	Florists	0.80	1.00	1.20
5993	5994	Tobacco and News Dealers	0.80	1.00	1.20
5995	5995	Retail Trade (cont.)	0.80	1.00	1.20
5999	5999	Miscellaneous Retail Stores	0.80	1.00	1.20
FINANCING, INSURANCE AND REAL ESTATE					
6011	6163	Depository and Nondepository Institutions	0.90	1.00	1.10
6211	6289	Security Dealers	0.94	1.00	1.10
6311	6399	Insurance Carrier	0.88	1.00	1.10
6411	6411	Insurance Agents & Brokers	0.83	1.00	1.10
6512	6519	Real Estate Operators and Lessors	1.04	1.00	1.20
6531	6531	Real Estate Agents	1.06	1.00	1.20
6541	6541	Title Abstract Offices	1.09	1.00	1.20
6552	6553	Land Subdividers and Developers	1.09	1.00	1.20
6712	6799	Holding and Other Investment Offices	0.96	1.00	1.10
SERVICES					
7011	7041	Lodging Places	1.18	1.00	1.20
7211	7219	Laundry Services	0.93	1.00	1.20
7221	7221	Personal Services	0.97	1.00	1.20
7231	7231	Beauty Shops	0.93	1.00	1.15
7241	7241	Barber Shops	0.88	1.00	1.20
7251	7251	Shoe Repair	0.88	1.00	1.20
7261	7299	Personal Services (cont.)	0.97	1.00	1.20
7311	7338	Business Services	0.91	1.00	1.20
7342	7349	Services to Dwellings	0.81	1.00	1.40

Table III (Cont.)

Industry Adjustment Table

1987 SIC Codes			(A)	(B)	(C)
Ranges			Non-Matern. Male/ Female	Matern. Factors	24 Hour Loads
7352	7359	Equipment Rental	0.85	1.00	1.40
7361	7363	Business Services (cont.)	0.96	1.00	1.20
7371	7379	Computer & Data Processing	0.67	1.00	1.20
7381	7381	Detective & Armored Cars	1.27	1.00	1.20
7382	7382	Security Systems	1.27	1.00	1.20
7383	7383	Business Services (cont.)	0.91	1.00	1.20
7384	7384	Photofinishing Labs	0.85	1.00	1.20
7389	7389	Miscellaneous Business Services	0.91	1.00	1.20
7513	7549	Auto Repair, Services, and Parking	0.97	1.00	1.25
7622	7699	Miscellaneous Repair Services	0.97	1.00	1.25
7812	7833	Motion Pictures	0.97	1.00	1.20
7841	7841	Video Rentals	1.03	1.00	1.20
7911	7999	Amusement & Recreation Services	1.18	1.00	1.20
8011	8049	Doctors' Offices	1.37	1.00	1.25
8051	8059	Nursing and Personal Care Facilities	1.49	1.00	1.25
8062	8069	Hospitals	1.49	1.00	1.25
8071	8099	Miscellaneous Health Care Services	1.49	1.00	1.25
8111	8111	Legal Services	1.01	1.00	1.10
8211	8299	Educational Services	0.97	1.00	1.10
8322	8322	Social Services	1.23	1.00	1.20
8331	8331	Job Training and Voc Rehab	1.06	1.00	1.20
8351	8399	Miscellaneous Social Services	1.17	1.00	1.20
8412	8412	Museums	0.92	1.00	1.20
8422	8422	Zoos	0.92	1.00	1.20
8611	8621	Membership Associations	0.97	1.00	1.20
8631	8651	Labor, Fraternal and Political Organizations	1.27	1.00	1.20
8661	8699	Membership Associations (cont.)	1.17	1.00	1.20
8711	8712	Engineering and Architects	0.69	1.00	1.20
8713	8713	Surveyors	0.82	1.00	1.20
8721	8721	Accounting	0.81	1.00	1.10
8731	8733	R&D	0.76	1.00	1.20
8734	8734	Testing Laboratories	0.76	1.00	1.20
8741	8743	Management Services	0.90	1.00	1.10
8744	8744	Facilities Support Management Services	0.91	1.00	1.10
8748	8748	Management Services (cont.)	0.90	1.00	1.10
8811	8811	Private Households	1.03	1.00	N/A
8999	8999	Miscellaneous Services	0.78	1.00	1.20
9111	9199	Executive, Legislative & General Gov't, except Finance	1.20	1.00	1.20
9211	9229	Courts, Police, Legal Counsel and Correctional Institution	1.00	1.00	1.20
9311	9721	Other Government Entities	1.20	1.00	1.20
9999	9999	Nonclassifiable	1.10	1.00	1.25

Table IV

Collar Color Adjustment Table

The following factors are applied to assumed distributions of expected claims costs by collar color for each SIC code to derive a composite collar factor. Distributions have been established for situations where all employees are covered or only carve-outs of salaried or hourly employees are covered.

Collar Color	(A) Percent Breakdown	(B) Factor	(A) x (B) Product
White	_____ %	0.810	_____
Professional	_____ %	0.830	_____
Administrative	_____ %	0.840	_____
Light Blue	_____ %	0.870	_____
Blue	_____ %	1.000	_____
Heavy Blue	_____ %	1.100	_____
Heavy Professional	_____ %	1.150	_____
Total			

Table V

Benefit Richness Adjustment

Adjustment 1:

If the Benefit Percent is 60% or greater AND the Weekly Maximum is \$500 or greater then (else 0.000):

(NOTE: For flat benefit plans, an effective Benefit Percent is computed by comparing the flat benefit to the average weekly salary for the group.)

Benefit Percent	Non-Contributory Factor	Contributory Factor
60 - 69%	0.000	0.025
70 - 79%	0.025	0.050
80 - 89%	0.050	0.075
90 - 99%	0.075	0.100
100%+	0.100	0.125

Adjustment 1: _____

Adjustment 2:

If the Weekly Maximum is greater than or equal to \$1,500,
but less than \$2,000 then the adjustment is = 0.025, else if
the Weekly Maximum is \$2,000 or greater then the
adjustment is = 0.040, else 0.000.

Adjustment 2: _____

Benefit Richness Adjustment: $(1 + \text{Adjustment 1}) \times (1 + \text{Adjustment 2})$ _____

Table VI

Pre-Existing Conditions Adjustment

(A) Consecutive months while insured, during which no medical care has been received for a Pre-Existing Condition.

(B) Consecutive months continuously insured under the plan.

(A)	(B)	Adjustment for Limitation	Adjustment for Exclusion
3	12	1.000	0.990
12	12	0.990	0.980
12	24	0.985	0.975

(NOTE: For "(A)" & "(B)" combinations not listed in the table, linearly interpolate between the two nearest enclosing values.)

Table VII

Retention Adjustments

Number of Lives	Non-Contributory Retention Adjustment	Contributory Retention Adjustment	Number of Lives	Non-Contributory Retention Adjustment	Contributory Retention Adjustment
1 - 30	1.203	1.203	1,051 - 1,350	0.980	1.007
31 - 35	1.203	1.203	1,351 - 1,650	0.972	0.999
36 - 40	1.203	1.203	1,651 - 1,950	0.965	0.992
41 - 50	1.203	1.203	1,951 - 2,550	0.934	0.959
51 - 60	1.203	1.203	2,551 - 3,550	0.922	0.946
61 - 80	1.203	1.203	3,551 - 4,550	0.914	0.938
81 - 100	1.203	1.203	4,551 - 6,000	0.914	0.938
101 - 150	1.203	1.203	6,001 - 9,000	0.912	0.935
151 - 200	1.174	1.203	9,001 - 13,000	0.909	0.933
201 - 250	1.146	1.184	13,001 - 18,000	0.907	0.930
251 - 350	1.119	1.155	18,001 - 25,000	0.905	0.928
351 - 450	1.079	1.112	25,001 - 35,000	0.903	0.926
451 - 650	1.042	1.073	35,001 - 45,000	0.901	0.924
651 - 850	1.007	1.036	45,001 - 60,000	0.900	0.923
851 - 1,050	0.990	1.018	60,001 +	0.900	0.923

Table VIII
Size of Group Adjustment

Number of Lives	Adjustment
0 - 19	0.97
20 - 29	0.99
30 - 39	1.01
40 - 49	1.03
50 - 59	1.05
60 - 69	1.07
70 - 79	1.09
80 - 89	1.11
90 - 99	1.13
100 - 149	1.15
150 - 199	1.15
200 - 499	1.15
500+	1.15

Table IX
Unanticipated Risk Adjustment

In developing the rate, there may be occasions where the resulting rate does not accurately reflect the anticipated risk. In these situations, an appropriate adjustment needs to be made to the rate.

A number of factors could dictate such an adjustment. These include:

- A. Significant change in exposure, such as the addition or deletion of subsidiaries;
- B. Substantial changes in the demographics of the group;
- C. Significantly favorable or unfavorable claim patterns;
- D. Evidence of favorable or unfavorable persistency with current or prior carriers;
- E. Significant change in the level of the employer's premium contribution;
- F. Incomplete transferred business information;
- G. Transferred business information that is inconsistent and/or incorrect;
- H. An inforce rate level that is significantly different than the formula rate;
- I. Significantly high or low employee turnover rate;
- J. An employer group that is deemed to be a significant solvency risk.

The magnitude of the adjustments to the formula rate will depend on the number of factors that apply in a given situation and the importance of those factors.

Enriched Plan Rate Calculation

This worksheet is to be used for groups in states with statutory STD coverage that request coverage in excess of the statutory amount. This calculation for the cost of the additional coverage has no impact on the amount to be charged for the statutory coverage.

The premium calculation can be summarized as follows:

- 1) Rate the plan using the benefits for the total coverage. (Following the instructions on pages 3.00 thru 3.25.)
- 2) Rate the plan using the benefits for the Statutory coverage. (Following the instructions on pages 3.00 thru 3.25.)
- 3) Fill in the Input Items and the Rate Sheet below with the appropriate information.

Input Items:

Statutory State: _____
Standalone Plan* (Y/N): _____

* Only non-statutory coverage to be provided by ITT Hartford

STD ENRICHED PLAN RATE CALCULATION WORKSHEET	
A. Premium for the plan with total coverage: <i>(The Total Adjusted Annual Premium from page 3.05)</i>	
B. Premium for the plan with Statutory coverage: <i>(The Total Adjusted Annual Premium from page 3.05)</i>	
C. Utilization Factor: <i>(if Statutory State = New Jersey, then 1.20, California, then 1.00; else 1.10)</i>	
D. Standalone Factor <i>(if Standalone = N, then 1.05; else 1.00)</i>	
E. Total Adjusted Annual Premium <i>(A - B) x (C) x (D)</i>	

Table X

FICA Rate Match

		<i>Employee Post-Tax Contribution Percent</i>				
		0%	15%	40%	65%	90%
<i>Employee Contribution Percent</i>	0%	1.077	1.077	1.077	1.077	1.077
	1%	1.077	1.076	1.075	1.074	1.073
	11%	1.077	1.074	1.071	1.068	1.066
	21%	1.077	1.072	1.067	1.063	1.058
	31%	1.077	1.070	1.064	1.057	1.050
	41%	1.077	1.068	1.060	1.051	1.043
	51%	1.077	1.066	1.056	1.045	1.035
	61%	1.077	1.065	1.052	1.040	1.027
	71%	1.077	1.063	1.048	1.034	1.020
	81%	1.077	1.061	1.044	1.028	1.012
	91%	1.077	1.059	1.041	1.022	1.004
	100%	1.077	1.058	1.039	1.020	1.000

Table XI**Area Adjustment Table**

State Work Location	(A) Male and Female Non- Maternity	(B) Female Maternity
AK	0.75	1.00
AL	1.00	1.00
AR	1.06	1.00
AZ	0.94	1.00
CA	0.63	1.00
CO	0.69	1.00
CT	1.06	1.00
DC	1.06	1.00
DE	1.06	1.00
FL	0.91	1.00
GA	1.00	1.00
HI	0.92	1.00
ID	0.75	1.00
IL	1.19	1.00
IN	1.19	1.00
IA	1.19	1.00
KS	1.00	1.00
KY	1.19	1.00
LA	1.00	1.00
MA	1.13	1.00
MD	1.06	1.00
ME	1.06	1.00
MI	1.25	1.00
MN	1.00	1.00
MO	1.13	1.00
MS	1.00	1.00
MT	0.87	1.00
NE	1.00	1.00
NC	1.19	1.00
ND	1.13	1.00
NH	1.06	1.00
NJ	1.06	1.00
NM	0.75	1.00
NV	1.13	1.00
NY	0.75	1.00
OH	1.19	1.00
OK	0.75	1.00
OR	0.69	1.00
PA	1.15	1.00
PR	1.00	1.00
RI	1.06	1.00
SC	1.25	1.00
SD	1.13	1.00
TN	1.19	1.00
TX	0.94	1.00
UT	0.75	1.00
VA	1.06	1.00
VT	1.06	1.00
WA	0.75	1.00
WI	1.00	1.00
WV	1.13	1.00
WY	0.75	1.00

Table XII

Participation Adjustment

Non-Contributory Plans	
Participation Percent	Adjustment
100%	1.000

Contributory Plans			
Participation Percent *	Actual Participation	Estimated Participation	
	(A)	(B)	(C)
		Step Rates	Composite Rate
20%	1.87	2.10	2.36
25%	1.69	1.85	2.09
30%	1.66	1.75	1.99
35%	1.64	1.70	1.93
40%	1.60	1.65	1.81
45%	1.51	1.55	1.76
50%	1.42	1.50	1.70
55%	1.40	1.45	1.63
60%	1.37	1.40	1.55
65%	1.33	1.35	1.45
70%	1.29	1.30	1.36
75%	1.25	1.25	1.29
80%	1.20	1.20	1.23
85%	1.15	1.15	1.18
90%	1.10	1.10	1.12
95%	1.05	1.05	1.06
100%	1.00	1.00	1.00

* For Participation Percents not listed in the table, linearly interpolate between the two nearest enclosing values.
Note: If participation is known, use column (A). If participation is not known, use column (B) for step rates or column (C) for composite rates.

Non-Contributory Plan : A plan where the employer pays 100% of the plan.

Contributory Plan : A plan which requires employees to pay a portion or all of the cost of benefits.

SERFF Tracking #:	HERT-129160421	State Tracking #:		Company Tracking #:	RGCTSTRD(08-2009)RATES
State:	District of Columbia	Filing Company:	United Heritage Life Insurance Company		
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.002 Short Term				
Product Name:	RCGSTRD(08-2009)RATES				
Project Name/Number:	/				

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	Cover letter.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not applicable to this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	This is an initial rate filing. Actuarial memorandum attached below and on the rate Tab.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	United Heritage - STD Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	No applicable to this filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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State:	District of Columbia	Filing Company:	United Heritage Life Insurance Company
TOI/Sub-TOI:	H11G Group Health - Disability Income/H11G.002 Short Term		
Product Name:	RCGSTD(08-2009)RATES		
Project Name/Number:	/		

Bypass Reason:	This is our initial filing. No current written premium, no policy holders, this is not a rate change.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	not applicable to this filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	not applicable to this filing
Attachment(s):	
Item Status:	
Status Date:	

August 21, 2013

United Heritage Life Insurance Company
NAIC 63983

District of Columbia
Rates and Forms Filing

Ladies and Gentlemen:

United Heritage is submitting this initial rate filing as required concurrently with Form Filing SERFF # HERT-129028697 for our Group Short Term Disability Certificate, RGCSTD(08-2009)DC.

There are currently no DC Policyholders. Once the initial Form Filing and Rate Filing are approved, the product will be marketed to small and large Employer-Employee groups by licensed agents appointed by United Heritage Life Insurance Company.

The Actuarial Memorandum and Rating Manual are attached to the Rate/Rule Schedule Tab.

Thank you for your time and consideration,

A handwritten signature in black ink that reads "Deanne Schildan". The signature is written in a cursive, flowing style.

Deanne Schildan
Group Administrator/Forms Analyst

United Heritage Life Insurance Company

Actuarial Memorandum Short Term Disability Policy Form: RGP(08-2009)

Scope and Purpose of Filing

The following information is being provided for a new filing. Acting in the capacity of reinsurer, the Hartford Life and Accident Insurance Company has assisted United Heritage Life Insurance Company in the development of a group fully insured short term disability insurance product. This Actuarial Memorandum represents the certification of the premium rates for the proposed plan.

Benefit Overview

Weekly benefits are paid based on a flat rate or as a percentage (e.g.60%) of weekly salary. Plans may contain maximum and minimum benefit amounts. Benefit payments require satisfaction of an elimination period for both accident and sickness and benefit periods range from 8 to 104 weeks. Both the elimination period and benefit duration are selected by the employer. Benefit options include first day of hospitalization, residual benefits, 24 hour coverage, and different limitations for pre-existing conditions.

The following plan design is considered standard:

- Maximum Benefit Duration – 26 weeks
- Elimination Period – 7 days for both accident and sickness

Example of available options:

- Benefit Duration – 8, 13, 20, 39, 52, 78, 104 weeks
- Elimination Period – 1, 13, 14, 30, 60 days
- First Day Hospitalization
- Residual Benefits

Maternity is covered the same as any other illness.

For a more complete description of benefits provided under this policy form, please refer to the contract.

Marketing Method

This product will be sold to employer groups through a regional group sales force.

Net Premiums

The STD rates have been created based on the expected incidence and duration of disability and the expected level of all applicable offsets. The rates were derived using various data sources, including the following: Hartford Life and Accident's experience, economic data, national statistics and competitor information. The incidence rates and duration levels take into account differences in age, sex, benefit percentage, and maximum weekly benefit.

Loads and discount factors are applied to the net premium to adjust for all aspects of the chosen plan design that cause our net liability to change. These factors vary by the day that benefits commence, benefit duration, residual benefit option, industry, collar color, occupational/non-occupational coverage, area, contributory status, benefit richness, pre-existing condition limitations, employer occupational coverage, retention, size of group, additional state requirements, trend, rate guarantee periods, par case status, and collateral line discounts.

Gross Premiums

Gross Premiums are calculated by dividing the net premiums by the permissible loss ratio. The anticipated loss ratio of 65% for groups with over 50 lives is developed as follows:

Commissions	12.50%
Premium Tax	2.5%
Profit	5.0%
Other Retention	15.00%
Total Retention	35.00%

Permissible Loss Ratio 65.0%

In addition, the anticipated permissible loss ratio for groups with under 50 lives is 60%.

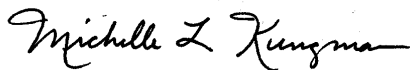
Premium rates for plans and benefits not specifically shown in this memo or accompanying rate manual shall be determined by methods which are consistent with the premium rates shown in the rate manual.

Experience

Some groups will have insured experience that is at least partially credible. The rates for these groups may be adjusted when appropriate to reflect actual experience and in-force rates.

Actuarial Certification

I certify that, to the best of my knowledge and judgment, the entire rate filing is in compliance with the applicable laws of this State and with the rules of the Department of Insurance, and complies with Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, December 2005, and that the benefits provided are reasonable in relation to the proposed premiums. I believe that the benefits are reasonable in relation to the proposed premium and that the rates are not excessive, inadequate, or unfairly discriminatory.



Michelle Kunzman, FSA, MAAA
AVP and Actuary
Hartford Life and Accident Insurance Company

06/20/2011

Date